

7.3 Sample Remittance Advice

**Sample Cash Balance Benefit
Program
Remittance Advice**



Designed with you in mind!

CBBP-Contribution Remittance Advice

County Code _____ **A** _____
_____ **B** _____

District Code

Employer Name: _____ **C** _____

Check Information:

(For direct deposit - please fax this form to STRS)

Date Check Deposited: _____ **D** _____
_____ **E** _____

Total Amount Deposited:

Voluntary Deduction File Information:

(For the VDF paid by the above described check)

County _____ **F** _____

Unit Count _____ **G** _____

VDF Pay Schedule Date: _____ **H** _____
Salary:

SRC Totals _____ **I** _____

Employee Contributions:

_____ **J** _____

Employer Contributions:

_____ **K** _____

SSN Hash: (OPTIONAL)

_____ **L** _____

**Fax Remittance Advice to:
STRS - Cash Receipts Unit**

(916) 229-3934

Signed _____ **M** _____

Date _____ **M** _____

**Instructions for Preparing the CB-Benefit Program Contribution
Remittance Advice**

- A. Record the two digit County code**
- B. Record the three digit District code (If reports and contributions are being sent by a CB district reporting independently)**
- C. Record the Employer's (COE or CB Reporting Entity) Name**
- D. Record the date the check is being deposited**

The following Voluntary Deduction File information should be copied from the bottom of the VDF.

- E. Record the total deposit amount for the VDF being referenced**
- F. Record the count located in the bottom left corner of the VDF**
- G. Record the total number of units being reported on the VDF**
- H. Record the Pay Schedule Date for VDF being submitted**
- I. Record total from the "Salary" column**
- J. Record total from the "Employee Contributions" column**
- K. Record total from the "Employer Contributions" column**
- L. Record the Social Security number hash from the bottom of the "Employee Social Security Number" column [Optional]**
- M. Sign and date the form**

Note: Employers using EFT, direct deposit, or wire transfer must fax the CB Benefit Program RA to CalSTRS at (916) 229-3934 OR

Mail the form to:

**CalSTRS
Attn: Cash Receipts Unit, MS 12
P.O. Box 15275
Sacramento, CA 95851-0275**